



DEMOLITION PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

☐ 1-, 2-, or 3-FAMILY RESIDENTIAL

Date _____

☐ 4 (OR MORE) FAMILY RESIDENTIAL (# OF DWELLING UNITS = _____)

☐ COMMERCIAL

ADDRESS OF JOB _____ City _____ Zip Code _____

TAX DISTRICT/PARCEL # _____

BUILDING DIMENSIONS _____ x _____ = _____ SQ FT ☐ ACCESSORY BUILDING ☐ MAIN BUILDING

TYPE OF CONSTRUCTION _____ # of Stories _____

PROPERTY OWNER OF RECORD _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

CONTRACTOR _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

License # _____ Expiration Date _____

SOFT ACCOUNT # _____

AUTHORIZED SIGNATURE OF ACCOUNT _____

ORDINANCE #661-88

- ☐ All demolition shall proceed only on weekdays, Monday through Friday between 7:30 a.m. and 6:00 p.m., unless specifically extended or altered by the Administrator.
- ☐ The Administrator may order an inspection at any time during the demolition to assure that all procedures are being followed per Section 4113 of the Columbus City Codes, 1959.
- ☐ Immediately prior to the demolition of the premises, rodents, insects and other vermin shall be eliminated therefrom by methods approved by the Health Commissioner, City of Columbus Health Department, 645-8191.
- ☐ Asbestos will be handled and removed prior to any demolition in accordance with the Ohio Administrative Code Ordinance #3745-20. Under penalty of law. For more information contact the Ohio Environmental Protection Agency, Division of Air Pollution Control, 728-3816.
- ☐ The debris from any building shall be thoroughly dampened to prevent circulation of dust.
- ☐ The demolition contractor shall call for a final inspection upon completion of the demolition at 645-8235.

APPLICANT HAS READ AND WILL COMPLY WITH ALL DEMOLITION STANDARDS PER ORD. #661-88 AND OAC ORD. #3745-20.

× _____
SIGNATURE OF APPLICANT, LICENSED CONTRACTOR, OR AUTHORIZED SIGNER

PRINT OR TYPE NAME

OFFICIAL USE ONLY

Area Commission _____ Date _____

Approving Authority _____ Date _____

Worksheet Adequacy _____ Date _____

Comments _____

Y N N/A Owner's Affidavit
Y N N/A Utilities Statement

Y N N/A Sewer Cap
Y N N/A Certificate of Appropriateness

Y N N/A Homeowner's Affidavit



DEMOLITION APPLICATION OWNER'S STATEMENT

I (We), _____, state that I (We) own the property at
NAME(S)

_____, for which a demolition permit application is being made to
STREET ADDRESS

City of Columbus Building and Development Services.

NAME OF DEMOLITION CONTRACTOR

is acting as my (our) agent and will demolish the structure on the property with my (our) approval and permission after the City of Columbus Building and Development Services issues a demolition permit.

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(a)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX MONTHS IMPRISONMENT AND A FINE OF \$1,000.00 OR BOTH.

NOTARY

Date _____ Signature of property owner(s) _____

Signature _____

Signature _____

SWORN to before me and subscribed in my presence this _____ day of _____, in the year _____

Notary Public _____ My Commission Expires _____

Notary Seal Here

SEWER CAP INFORMATION

Is the Structure habitable and/or has sewer service? ☐ YES ☐ NO

If YES, Attach sewer capping permit for the job site. Sewer capping permits are obtained from City of Columbus Division of Sewerage and Drainage, 910 Dublin Road, Columbus, Ohio 43215. (614) 645-7490.

If NO, The above property does not have sewer services provided by City of Columbus Division of Sewerage and Drainage.

INITIAL HERE

UTILITY DISCONNECTION

The utilities at the above property have been or will be disconnected prior to the demolition.

INITIAL HERE

SUBMIT ORIGINAL NOTARIZED STATEMENT